

FY 21 Master Overview Report Final 1-4th Qtr	QUARTER 1 - 7/1/20 to 9/30/20				QUARTER 2 - 10/1/20 to 12/31/20				QUARTER 3 - 1/1/20 to 3/31/21				QUARTER 4 - 4/1/20 to 6/30/21				YTD - 7/1/19to 6/30/20				
	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average %	
Appendix A- Administrative Authority																					
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the wavier program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.																					
A1. Number and percent of rate methodology changes approved by the MA and submitted for Public Notice prior to implementation by OA.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	
A1. N: Number of rate methodology changes approved by the MA prior to implementation by the OA.	HFS	HFS	HFS	#DIV/0!	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	0	0	0	0	
A1. D: Total number of rate methodology changes adopted. (HFS to Report)				#DIV/0!				#N/A				#N/A				#N/A	0	0	0	0	
A2. Number and percent of waiver program policies approved by the MA prior to OA dissemination and implementation.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	
A2. N: Number of waiver policies approved by the MA prior to dissemination.	HFS	HFS	HFS	#DIV/0!	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	0	0	0	0	
A2. D: Total number of waiver policy changes implemented. (HFS to Report)				#DIV/0!				#N/A				#N/A				#N/A	0	0	0	#DIV/0!	
A3. The number and percent of participant reviews conducted by the OA according to sampling methodology specified in the approved waiver. Total number of participant reviews required according to the approved sampling methodology.				#DIV/0!	100.00%	100.00%	100.00%	100.00%				#DIV/0!				100.00%	100.00%	100.00%	100.00%		
A3. N: Number of participant reviews conducted by the OA according to sampling methodology in the approved waiver.	0	0	0	#DIV/0!	282	132	399	#N/A	0	0	0	#N/A	0	0	1	#N/A	282	132	400	814	
A3. D: Total number of participant reviews required according to the approved sampling methodology.	0	0	0	#DIV/0!	282	132	399	#N/A	0	0	0	#N/A	0	0	1	#N/A	282	132	400	814	
A4. Number and percent of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery.				#DIV/0!				#DIV/0!				#DIV/0!		100.00%	95.33%	97.66%		100.00%	95.33%	97.66%	
A4. N: Number of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery.				#DIV/0!				#N/A				#N/A	0	30	102	#N/A	0	30	102	132	
A4. D: Total number of findings in the area of prior authorization of services. (reported in 4th quarter)				#DIV/0!				#N/A				#N/A	0	30	107	#N/A	0	30	107	137	
A5. Number and percent of findings of noncompliance in the area of waiver provider agreements on file at the MA with evidence of remediation within 90 days of discovery.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!	
A5. N: Number of findings of noncompliance in the area of waiver provider agreements on file at the MA with evidence of remediation within 90 days of discovery.	HFS	HFS	HFS	#DIV/0!	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	0	0	0	0	
A5. D: Total number of findings in the area of waiver provider agreements.	HFS	HFS	HFS	#DIV/0!	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	HFS	HFS	HFS	#N/A	0	0	0	0	
Appendix B -Level of Care																					
Assurance: The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.																					
a. Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.																					
B1. Number and percent of new waiver applicants who had a level of care assessment indicating need for ICF/IDD level of care prior to receipt of services.	100.00%	100.00%	100.00%	100.00%				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%	
B1. N: Number of new applicants that complete LOC assessment. D: Number of total applicants.	92	14	774	293				#N/A				#N/A				#N/A	92	14	774	880	
B1. D: Number of total applicants.	92	14	774	293				#N/A				#N/A				#N/A	92	14	774	880	
b. Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver. No PM related to sub assurance b. in the New Wavier.																					
c. Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.																					
B2. Number and percent of Waiver participants' LOC determinations that are completed as required by the State in adherence to all Waiver requirements.				#DIV/0!	96.81%	94.70%	94.99%	95.50%				#DIV/0!				100.00%	100.00%	96.81%	94.70%	95.00%	95.50%
B2. N: Number of determinations that are completed at the time of enrollment as required by the State in adherence to all Waiver requirements.				#DIV/0!	273	125	379	#N/A				#N/A				1	#N/A	273	125	380	778
B2. D: Total number of determinations that are completed at the time of the prior year's enrollments.				#DIV/0!	282	132	399	#N/A				#N/A				1	#N/A	282	132	400	814
B3. Number and percent of LOC determinations reviewed that were completed by a qualified evaluator.				#DIV/0!	96.10%	97.73%	97.24%	97.02%				#DIV/0!				100.00%	100.00%	96.10%	97.73%	97.25%	97.03%
B3. N: Number of LOC determinations that were completed by a qualified evaluator.				#DIV/0!	271	129	388	#N/A				#N/A				1	#N/A	271	129	389	789
B3. D: Total number of LOC determinations reviewed.				#DIV/0!	282	132	399	#N/A				#N/A				1	#N/A	282	132	400	814
B4. Number and percent of Waiver Participants' LOC determinations that used processes and instruments applied appropriately as required by the State.				#DIV/0!				95.99%	95.99%			#DIV/0!				100.00%	100.00%			96.00%	96.00%

B4. N: Number of LOC determinations that used processes and instruments applied as required by the State.	xxx	xxx		#DIV/0!	xxx	xxx	383	#N/A	xxx	xxx		#N/A	xx	xx	1	#N/A	0	0	384	384
B4. D: Total number of LOC determinations reviewed.	xxx	xxx		#DIV/0!	xxx	xxx	399	#N/A	xxx	xxx		#N/A	xx	xx	1	#N/A	0	0	400	400

a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

C1. Number and percent of licensed or certified providers who meet initial licensure/certification standards prior to furnishing waiver services. (Note: this covers licensed residential habilitation)				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
C1. N: Number of newly enrolled licensed or certified providers who meet initial standards.				#DIV/0!				#N/A				#N/A	22	1	55	#N/A	22	1	55	78
C1. D: Total number of newly enrolled licensed or certified providers.				#DIV/0!				#N/A				#N/A	22	1	55	#N/A	22	1	55	78
C2. Number and percent of licensed or certified providers who continue to meet licensure/certification standards on an ongoing basis. (Note: covers same providers as above.)				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
C2. N: Number of licensed/certified providers who continue to meet standards on an ongoing basis.				#DIV/0!				#N/A				#N/A	27	22	637	#N/A	27	22	637	686
C2. D: Total number of enrolled licensed/certified providers.				#DIV/0!				#N/A				#N/A	27	22	637	#N/A	27	22	637	686

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

C3. The number and percent of non-licensed/non-certified providers reviewed, by provider type, who met initial waiver provider qualifications. (Note: covers non-licensed behavioral therapists, transportation providers, supported employment providers, etc.)				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
C3. N: Number of non-licensed/non-certified providers who met initial qualifications.				#DIV/0!				#N/A				#N/A	12	2	34	#N/A	12	2	34	48
C3. D: Total number of newly enrolled non-licensed/non-certified providers.				#DIV/0!				#N/A				#N/A	12	2	34	#N/A	12	2	34	48
C4. The number and percent of non-licensed/non-certified providers reviewed, by provider type, who continue to meet waiver provider qualifications.				#DIV/0!				#DIV/0!				#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
C4. N: Number of non-licensed/non-certified providers who continue to meet qualifications.				#DIV/0!				#N/A				#N/A	93	12	395	#N/A	93	12	395	500
C4. D: Total number of non-licensed/non-certified providers. (Includes non-licensed behavioral therapists.)				#DIV/0!				#N/A				#N/A	93	12	395	#N/A	93	12	395	500
C5. Number and percent of providers reviewed, by provider type, who meet waiver provider training requirements.			100.00%	100.00%			100.00%	100.00%	100.00%			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%
C5. N: Number of providers who met training requirements.			3	3		12	9	#N/A	19		46	#N/A	32		71	#N/A	51	12	129	192
C5. D: Total number of providers subject to training requirements.			3	3		0	9	#N/A	19		46	#N/A	32		71	#N/A	51	0	129	180

c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

C6. Number and percent of independent personal support providers (domestic employees) screened by the Financial Management Agency (on behalf of waiver participants who self-direct) who passed background and registry checks and thus were deemed eligible for hire.	100.00%		100.00%	100.00%				#DIV/0!				#DIV/0!				#DIV/0!	100.00%		100.00%	100.00%
C6. N: Number of domestic employees who passed initial checks	200	xx	316	258		xx		#N/A		xx		#N/A		xx		#N/A	200	#VALUE!	316	#VALUE!
C6. D: Total number of domestic employees hired.	200	xx	316	258		xx		#N/A		xx		#N/A		xx		#N/A	200	#VALUE!	316	#VALUE!

Appendix D- Service Plan Development

Assurance: The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

a. Sub-Assurance: Service Plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

D1. Number and percent of satisfaction survey respondents sampled who report they receive services to address their needs.				#DIV/0!	93.33%		100%	96.67%	98.08%	100.00%	100.00%	99.36%	99.07%	95.24%	97.90%	97.40%	98.58%	98.48%	98.50%	98.52%
D1. N: Number of respondents who reported they received services to address all identified needs.				#DIV/0!	14	0	1	#N/A	51	90	113	#N/A	213	40	280	#N/A	278	130	394	802
D1. D: Total respondents sampled.				#DIV/0!	15	0	1	#N/A	52	90	113	#N/A	215	42	286	#N/A	282	132	400	814
D2. Number and percent of participants reviewed whose service plan have strategies to address all health and safety risks indicated in the assessment.				#DIV/0!	87.94%	96.97%	89.22%	91.38%				#DIV/0!			100.00%	100.00%	87.94%	96.97%	89.25%	91.39%
D2. N Number of PCPs with strategies to address all identified health and safety risks.				#DIV/0!	248	128	356	#N/A				#N/A			1	#N/A	248	128	357	733
D2. D: Total PCPs sampled with an assessed health and/or safety risk.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
D3. Number and percent of the participant individual service plans reviewed that address all participant needs identified by the assessments.				#DIV/0!	97.16%	97.73%	96.49%	97.13%				#DIV/0!			100.00%	100.00%	97.16%	97.73%	96.50%	97.13%

D3. N: Personal plans (PCPs) reviewed that addressed all participant needs.				#DIV/0!	274	129	385	#N/A				#N/A			1	#N/A	274	129	386	789
D3. D: All sample ISP's reviewed.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
D4. Number and percent of participants' OA personal plans that address all personal goals identified by the assessment.				#DIV/0!	90.78%	95.45%	90.98%	92.40%				#DIV/0!			100.00%	100.00%	90.78%	95.45%	91.00%	92.41%
D4. N: Number of OA service plans reviewed that addressed all personal goals identified by the assessment.				#DIV/0!	256	126	363	#N/A				#N/A			1	#N/A	256	126	364	746
D4. D: Total number of OA service plans reviewed. * N/A- refer to D3 to identify assessed needs. PCP goals effective FY18.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.																				
D5. Number and percent of ISP's reviewed that were developed in accordance with state requirements.				#DIV/0!	88.65%	97.73%	86.72%	91.03%				#DIV/0!			100.00%	100.00%	88.65%	97.73%	86.75%	91.04%
D5. N: Number of ISP's that were developed in accordance with state requirements.				#DIV/0!	250	129	346	#N/A				#N/A			1	#N/A	250	129	347	726
D5. D: Total number of ISP's reviewed based on a representative sample.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
D6. Number and percent of ISP's where the ISP was approved by all required entities within the required time frame.				#DIV/0!	96.45%	96.97%	97.74%	97.06%				#DIV/0!			100.00%	100.00%	96.45%	96.97%	97.75%	97.06%
D6. N: Number of ISP's whose contents were developed in accordance with State requirements.				#DIV/0!	272	128	390	#N/A				#N/A			1	#N/A	272	128	391	791
D6. D: Total number of ISP's reviewed.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
D7. Number and percent of ISP's where the PCP meeting occurred within 365 days of the previous PCP.				#DIV/0!	74.47%	62.12%	72.68%	69.76%			100.00%	100.00%			100.00%	100.00%	74.47%	62.12%	72.82%	69.80%
D7. N: Number of PCPs where the PCP meeting occurred within 365 days of the previous PCP.				#DIV/0!	210	82	290	#N/A	0	0	1	#N/A			1	#N/A	210	82	292	584
D7. D: Total number of PCPs reviewed.				#DIV/0!	282	132	399	#N/A	0	0	1	#N/A			1	#N/A	282	132	401	815
c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.																				
D8. Number and percent of waiver participants reviewed who have their Service Plan updated at least annually or within 30 days of the identified change in the participant needs.				#DIV/0!	90.07%	93.94%	91.48%	91.83%				#DIV/0!			100.00%	100.00%	90.07%	93.94%	91.50%	91.84%
D8. N: Number of participants who have had their person centered plans updated annually or within 30 days of the identified change in a participants needs.				#DIV/0!	254	124	365	#N/A				#N/A			1	#N/A	254	124	366	744
D8. D: Number of waiver participants reviewed.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.																				
D9. Number and percent of participants reviewed who received four quarterly visits from the ISC entity under contract with the Operating Agency to monitor that services are being delivered in accordance with the services in the plan of care.				#DIV/0!	26.95%	17.42%	93.73%	46.04%				#DIV/0!			100.00%	100.00%	26.95%	17.42%	93.75%	46.04%
D9. N: Number of participants who received four quarterly ISSA visits.				#DIV/0!	76	23	374	#N/A				#N/A			1	#N/A	76	23	375	474
D9. D: Number of participants in the representative sample.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
D10. Number and percent of participants reviewed who received the services in the scope, amount, duration and frequency as specified in their Individual Service Plan (ISP).				#DIV/0!	91.13%	97.73%	93.48%	94.12%				#DIV/0!			100.00%	100.00%	91.13%	97.73%	93.50%	94.12%
D10. N: Number of participants who received the services as specified in their ISP.				#DIV/0!	257	129	373	#N/A				#N/A			1	#N/A	257	129	374	760
D10. D: Number of participants reviewed in the representative sample.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814
D11. Number and percent of satisfaction survey respondents sampled who reported the receipt of all services listed in the service plan.				#DIV/0!	86.67%		100.00%	93.33%	100.00%	96.67%	99.12%	98.59%	98.60%	90.48%	98.60%	95.89%	98.23%	94.70%	98.75%	97.22%
D11. N: Number of respondents who reported receipt of all services in their ISP.	0	0	0	#DIV/0!	13	0	1	#N/A	52	87	112	#N/A	212	38	282	#N/A	277	125	395	797
D11. D: Total number of survey respondents.	0	0	0	#DIV/0!	15	0	1	#N/A	52	90	113	#N/A	215	42	286	#N/A	282	132	400	814
e. Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.																				
D12. Number and percent of waiver participants reviewed that document participants were informed at least annually of the right to choose their providers.				#DIV/0!	85.82%	84.85%	88.47%	86.36%				#DIV/0!			100.00%	100.00%	85.82%	84.85%	88.50%	86.39%
D12. N: Number of participant records reviewed that document participants were informed at least annually of the right to choose their providers.				#DIV/0!	242	112	353	#N/A				#N/A			1	#N/A	242	112	354	708
D12. D: Total number of records reviewed based on a representative sample.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814

D13. Number and percent of participants reviewed who were offered choice between/among waiver services (for which there has been a determination of need).				#DIV/0!	85.82%	84.85%	88.22%	86.29%				#DIV/0!			100.00%	100.00%	85.82%	84.85%	88.25%	86.30%
D13. N: Number of participants reviewed who were offered choice of waiver services.				#DIV/0!	242	112	352	#N/A				#N/A			1	#N/A	242	112	353	707
D13. D: Total number of participants reviewed.				#DIV/0!	282	132	399	#N/A				#N/A			1	#N/A	282	132	400	814

Appendix G-Health & Welfare/Participant Safeguards

Assurance: a. Methods for Discovery: Health and Welfare The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

a. Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

G1. Number and percent of participant records reviewed that documented the participant (and/or guardian) received information/education about how to report abuse, neglect, exploitation and other critical incidents as specified in the approved waiver.				#DIV/0!	80.00%		100.00%	90.00%	87.01%	83.97%	85.82%	85.60%	86.67%	100.00%	89.41%	92.03%	86.52%	84.09%	88.25%	86.29%
G1. N: Number of records where participant received information on how to report abuse/neglect.				#DIV/0!	8	0	4	#N/A	67	110	121	#N/A	169	1	228	#N/A	244	111	353	708
G1. D: Number of participants in the representative sample.				#DIV/0!	10	0	4	#N/A	77	131	141	#N/A	195	1	255	#N/A	282	132	400	814
G2. Number and percent of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken.		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
G2. N: Number of participants for whom identified instances of substantiated abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken.	0	2	1	2	0	1	3	#N/A	1	0	1	#N/A	1	0	8	#N/A	2	3	13	18
G2. D: Total number of participants for whom identified incidents of substantiated abuse, neglect or exploitation were reviewed.	0	2	1	2	0	1	3	#N/A	1	0	1	#N/A	1	0	8	#N/A	2	3	13	18
G3. In response to OIG substantiated abuse, neglect or financial exploitation investigations, the number and percent of written responses received from the provider and approved by the OA within 60 calendar days of completion of OIG investigation report.			96.47%	96.47%			89.39%	89.39%			93.10%	93.10%			93.75%	93.75%			93.41%	93.41%
G3. N: Number of written responses approved by the OA within required time frames.	xxx	xxx	82	82	xxx	xxx	59	#N/A	xxx	xxx	54	#N/A	xxx	xxx	60	#N/A	0	0	255	255
G3. D: Total number of substantiated investigations.	xxx	xxx	85	85	xxx	xxx	66	#N/A	xxx	xxx	58	#N/A	xxx	xxx	64	#N/A	0	0	273	273
G4. The number and percent of reportable deaths that were reported within the required timelines.				#DIV/0!				#DIV/0!				#DIV/0!			100.00%	100.00%			100.00%	100.00%
G4. N: Number of reportable deaths reported within required timelines.				#DIV/0!				#N/A				#N/A		0	3	#N/A	0	0	3	3
G4. D: All reportable deaths.				#DIV/0!				#N/A				#N/A		0	3	#N/A	0	0	3	3
G5. Number and percent of unexplained deaths that were reported to appropriate authorities.				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!				#DIV/0!
G5. N: Number of unexplained deaths that were reported to appropriate authorities	0	xxx	xxx	#DIV/0!	0	xxx	xxx	#N/A	0	xxx	xxx	#N/A	0	xxx	xxx	#N/A	0	0	0	0
G5. D: Number of unexplained deaths identified. N/A- G5 effective FY18. (No reports in (Q1, Q2)	0	xxx	xxx	#DIV/0!	0	xxx	xxx	#N/A	0	xxx	xxx	#N/A	0	xxx	xxx	#N/A	0	0	0	0
G5. The number and percent of reported deaths with substantiated claims of abuse and/or neglect for which corrective measures were appropriately taken by the OA.			100.00%	100.00%			100.00%	100.00%				#DIV/0!			100.00%	100.00%			100.00%	100.00%
G5. N: Number of reported deaths with substantiated claims of abuse and/or neglect for which corrective measures were appropriately taken by the OA.	xxx	xxx	1	1	xxx	xxx	2	#N/A	xxx	xxx	0	#N/A	xxx	xxx	1	#N/A	0	0	4	4
G5. D: Total number of reported deaths with substantiated claims of abuse and/or neglect.	xxx	xxx	1	1	xxx	xxx	2	#N/A	xxx	xxx	0	#N/A	xxx	xxx	1	#N/A	0	0	4	4

b. Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

G6. Number and percent of participants for whom identified critical incidents other than abuse, neglect or exploitation were reviewed and corrective measures were appropriately taken by the OA.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
G6. N: Number of participants for whom identified critical incidents other than A/N/E were reviewed and corrective measures were appropriately taken by the OA.	3	57	999	353	6	51	1,172	#N/A	17	82	1,193	#N/A	16	70	1,345	#N/A	42	260	4,709	5,011
G6. D: Total number of OA participants for whom identified critical incidents were reviewed. N/A CSW and Adult. CIRAS will be implemented FY18.	3	57	999	353	6	51	1,172	#N/A	17	82	1,193	#N/A	16	70	1,345	#N/A	42	260	4,709	5,011

c. Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

G7. The number and percent of participants reviewed with identified restrictive interventions where procedures were followed as specified in the approved waiver.				#DIV/0!	100.00%		100.00%	100.00%	100.00%	98.47%	96.45%	98.31%	99.49%	100.00%	93.33%	97.61%	99.65%	98.48%	94.50%	97.54%
G7. N: Number of restrictive interventions that followed required procedures.				#DIV/0!	10	0	4	#N/A	77	129	136	#N/A	194	1	238	#N/A	281	130	378	789

G7. D: Number of participants identified in the representative sample with at least one restrictive interventions				#DIV/0!	10	0	4	#N/A	77	131	141	#N/A	195	1	255	#N/A	282	132	400	814	
d. Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.																					
G8. Number and percent of participants reviewed who received the coordination and support to access healthcare services identified in their service plan.				#DIV/0!	90.00%		100.00%	95.00%	97.40%	87.79%	97.87%	94.35%	90.26%	100.00%	94.51%	94.92%	92.20%	87.88%	95.75%	91.94%	
G8. N: Number of participants reviewed who received support to access healthcare services.				#DIV/0!	9	0	4	#N/A	75	115	138	#N/A	176	1	241	#N/A	260	116	383	759	
G8. D: Number of participants in the representative sample with healthcare services identified in their ISP.				#DIV/0!	10	0	4	#N/A	77	131	141	#N/A	195	1	255	#N/A	282	132	400	814	
Appendix I-Financial Integrity and Accountability																					
Assurance a. State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.																					
a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.																					
I1. Number and percent of reviewed waiver service claims submitted for FFP that are specified in the participant's service plan.				#DIV/0!				#DIV/0!					#DIV/0!	99.22%	99.48%	99.22%	99.31%	99.22%	99.48%	99.22%	99.31%
I1. N: Number of claims reviewed that were specified in the ISP.				#DIV/0!				#N/A					#N/A	381	381	382	#N/A	381	381	382	1,144
I1. D: Total number of claims in representative sample.				#DIV/0!				#N/A					#N/A	384	383	385	#N/A	384	383	385	1,152
I2. Number and percent of waiver service claims reviewed that were submitted for participants who were enrolled in the waiver on the date that the service was delivered.	100.00%	100.00%	99.70%	99.90%				#DIV/0!					#DIV/0!				#DIV/0!	100.00%	100.00%	99.70%	99.90%
I2. N: Number of claims submitted for participants who were Medicaid eligible on the date the service was provided.	111,598	53,240	422,376	195,738				#N/A					#N/A				#N/A	111,598	53,240	422,376	587,214
I2. D: All waiver claims.	111,598	53,240	423,636	196,158				#N/A					#N/A				#N/A	111,598	53,240	423,636	588,474
b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.																					
I3. Number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the approve waiver application.				#DIV/0!				#DIV/0!					#DIV/0!	100.00%	100.00%	99.22%	99.74%	100.00%	100.00%	99.22%	99.74%
I3. N: Number of claims with correct rate.				#DIV/0!				#N/A					#N/A	384	383	382	#N/A	384	383	382	1,149
I3. D: All claims reviewed in representative sample.				#DIV/0!				#N/A					#N/A	384	383	385	#N/A	384	383	385	1,152
I4. Number and percent of waiver claims reviewed that were confirmed to have been provided.				#DIV/0!				#DIV/0!					#DIV/0!			95.33%	95.33%			95.33%	95.33%
I4. N: Number of claims reviewed with required documentation of service delivery.				#DIV/0!				#N/A					#N/A			102	#N/A	0	0	102	102
I4. D: All claims in representative sample.				#DIV/0!				#N/A					#N/A			107	#N/A	0	0	107	107

CSW= Children's Support Waiver

CRW= Children's Residential Waiver

AW= Adult Waiver

CSW= Children's Support Waiver

CRW= Children's Residential Waiver

AW= Adult Waiver

*The following performance measures (PM's) required a 100% review: A1, A2, A3, A4, A5, B1, C1, C2, C3, C4, C6, D8, G3, G4, G5, I2.

**The following PM's required a less than 100% review based on participants with a representative sample size of 400 for the AW, 296 for the CSW, and 146 for the CRW: B2, B3, D1, D2, D3, D5, D6, D7, D8, D9, D10, D11, D12, D13, G1, G2, G3, G6, G7, G8,

***The following PM required a less than 100% review based on claims with a representative sample size of 385 for the AW, 384 for the CSW, and 383 for the CRW: I1, I3, I4

****The following PM's are completed and reported in the current fiscal year: A1,A2,A3,G2,G3.

***** Results of reviews are reported in the Waiver year the review was conducted. The data for the review is selected from the previous Waiver year: A4,B1,C1,C2,C3,C4,C5,C6,G4,I1,I2,I3, I4

*****Results of reviews are reported in the Waiver year the review was conducted. The sample for the review is selected from individuals served with accepted claims in the previous year. B2,B3,D1,D2,D3,D4,D5,D6,D7,D8,D9,D10,D11,D12,D13,G1,G5,G6,G7,G8.

The activity and documents reviewed, however, reflect the current situation for the individual and most recent documents, e.g., interviews and observations with individuals and staff, current service plans and progress notes, etc